

# Application for Certification

## Section of Community Health and Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-6736

<http://www.chems.alaska.gov>

I am applying for certification as an: ☐ EMT-I ☐ EMT-II ☐ EMT-III

Name:	SSN:
Address:	Date of Birth:
	Home Phone:
Gender (Optional):    Male    Female	Work Phone:
EMS Affiliation/s:	
Ethnic Origin (Optional): White   Black   Hispanic   American Indian   Alaska Native   Asian or Pacific Islander   Other: _____	

### ***Primary Use of EMT Skills (Optional)***

Please check only ONE of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Ambulance or First Responder Service<br>(Not affiliated with a fire department) | <input type="checkbox"/> Community Health Aide / Practitioner                                  |
| <input type="checkbox"/> Ambulance or First Responder Service<br>(Affiliated with a fire department)     | <input type="checkbox"/> Back Country / Wilderness Use   |
| <input type="checkbox"/> Fire Department   | <input type="checkbox"/> Athletic Events   |
| <input type="checkbox"/> Rescue Service  | <input type="checkbox"/> Industrial First Aid  |
| <input type="checkbox"/> Law Enforcement   | <input type="checkbox"/> None, I am not planning on using my EMS skills within an organization |
| <input type="checkbox"/> Ski Patrol  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Military  |  |

### ***Are you paid for performing EMS?***

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Full Time | You are employed full time in a job which requires EMT certification  |
| <input type="checkbox"/> Part Time | You are not a full time EMS employee but you receive pay for providing EMS that exceeds the costs of providing care |
| <input type="checkbox"/> Stipend   | You receive a small stipend intended to reimburse you for your costs in providing care                              |
| <input type="checkbox"/> Not Paid  | You receive no pay for providing EMS  |

## ***CRIMINAL HISTORY QUESTIONS***

***Must be completed by all applicants***

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a violation of federal or state law, <u>excluding minor traffic violations</u> , within the last <b>fifteen</b> years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs?                                      |

If you marked "YES" in response to either of the preceding two questions, please refer to the "Instructions for Affidavits" below.

**NOTE:** Regulations require EMTs to notify the department in writing within 30 days after being charged with an offense that is a class A misdemeanor or a felony under the law of this state or an offense with substantially similar elements in another jurisdiction.

### **INSTRUCTIONS FOR AFFIDAVITS**

PLEASE READ THIS SECTION COMPLETELY:

1. **All individuals who responded "YES" to either of the two questions** above on this application must submit a signed affidavit with this application for certification. The affidavit must include:
  - the specific date of the conviction;
  - the official name of the crime(s);
  - the sentencing or treatment requirements imposed;
  - the status of sentencing or treatment required; and
  - any other information you believe is germane to your application for EMT certification.

The affidavit must be signed in the presence of a notary public, postmaster, clerk of court, judge, magistrate, state trooper or authorized state employee or EMS certifying officer.

The Section of Community Health and EMS reserves the right to require the submission of relevant court documents prior to determining whether a certificate should be issued.

2. **In addition, applicants who responded "YES"** to the question regarding convictions for violating a federal or state law must obtain and submit the results of a criminal record check from the Alaska Department of Public Safety. The record check must have been completed within the 90 days preceding the date of application. If the criminal conviction was for a traffic related offense, a driving history from the Department of Public Safety also must be submitted. The driving record must have been completed within the 90 days preceding the date of application.

**Failure to disclose convictions may be considered "fraud or deceit in obtaining a certificate" and is, in itself, grounds for the suspension, revocation, or refusal to issue a certificate.**

<b><i>Training Program Information</i></b>	
Location of Program:	Completion Date:
Name of Instructor:	Course Number:
Date of Written Examination for Certification:	Date of Practical Examination for Certification:
<b><i>CPR Verification</i></b>	
I verify that the individual named on the first page of this application has provided evidence of a valid CPR card from the American Heart Association, American Red Cross, or other CPR training agency approved by the Department of Health and Social Services in accordance with 7 AAC 26.985. The CPR card evidenced successful completion of a course which taught adult, child, and infant CPR and airway obstruction skills, including two rescuer CPR and barrier devices.	
Signature of Instructor:	Date:
<b><i>ETT Verification (Sign only when using the ETT-to-EMT Bridge training course option)</i></b>	
I verify that the individual named on the first page of the application has provided evidence of a valid ETT card signed by a certified ETT instructor.	
Signature of Instructor or Certifying Officer:	Date:

## ***SKILLS VERIFICATION***

This is to verify that \_\_\_\_\_ successfully completed a department-approved training program on \_\_\_\_/\_\_\_\_/\_\_\_\_, and is eligible to take the Alaska written and practical examinations for certification. Further, this verifies that the above named individual has successfully completed the skills required in the Alaska Skill Sheets to my satisfaction as a department approved EMT Instructor and in accordance with the State of Alaska Skill Sheets, and/or applicable standards established by the American Heart Association.

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Level of Class

**This section of the form must be completed prior to taking the written and practical examinations for certification and must be brought to the certification examination site.**

## ***EMT-II and EMT-III Applicants***

**MEDICAL DIRECTOR RESPONSIBILITIES: CERTIFIED PERSONS.** (a) A medical director's approval of standing orders for a state-certified EMT-I, EMT-II or EMT-III for the activities outlined in 7 AAC 26.040 and 7 AAC 26.540 must be in writing. Additional medications or procedures not listed in 7 AAC 26.040 or 7 AAC 26.540 may be approved by direct voice contact with an on-line physician, or by written standing orders from the medical director in accordance with 7 AAC 26.670.

- (b) The medical director for a state certified EMT-I, EMT-II or EMT-III shall
- 1) provide direct or indirect supervision of the medical care provided by each state certified EMT-I, EMT-II, or EMT-III;
  - (2) establish and annually review treatment protocols;
  - (3) approve medical standing orders that delineate the advanced life-support techniques that may be performed by each state certified EMT-II or EMT-III and the circumstances under which the techniques may be performed;
  - (4) provide quarterly critiques of patient care provided by the EMT-I, EMT-II or EMT-III, and quarterly on-site supervisory visits; the department will, in its discretion, grant a written waiver of this requirement based on difficult geographic, transportation, or climatic factors; and
  - (5) approve a program of continuing medical education for each state certified EMT supervised.

I, \_\_\_\_\_, as physician medical director, support the recertification of

\_\_\_\_\_ at the EMT-\_\_\_\_ level and will continue to perform the duties of a physician medical director as outlined above.

\_\_\_\_\_  
Signature of Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Medical Director

### ***Important Notes Regarding This Application***

The information contained in this application for certification, and in your permanent EMS certification record at the State EMS Office, is considered a "Public Record" and is not protected from disclosure by law. By completing this application and signing it in the presence of a Notary Public or EMS Certifying Officer, you are confirming the accuracy of the information entered on the application.

Your EMS certification records may be retained in electronic, paper, and/or microfilm formats. You have the right to request a copy of your records at any time. Any individual has the right to inspect and copy public records under reasonable rules and during regular office hours. All requests must be made in writing. Information which is non-disclosable will not be made available.

The Department may charge a fee for searching and copying its records in accordance with AS 40.25.110 and 6 AAC 96.130.

It is the responsibility of the applicant to keep the Department informed of his or her current mailing address. The Department will send correspondence, including applications for recertification, to the address on file.

If an individual believes information contained in his or her certification records is incorrect, the individual should notify the Section of Community Health and EMS, in writing, of the perceived error.

For more information about public records in Alaska, the reader is directed to review AS 40.25.110 - 40.25.220 and 6 AAC 96.010 – 6 AAC 96.900.

## RELEASE OF INFORMATION AND VERIFYING SIGNATURE

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, authorize the Department of Health and Social Services, Section of Community Health and Emergency Medical Services, to examine my EMS education records and any law enforcement records pertaining directly to this application for certification, and to discuss them with persons having possession of them. I also expressly permit and authorize release of such records pertaining directly to this application for certification to the Department of Health and Social Services, Section of Community Health and Emergency Medical Services.

I request that, upon presentation of this release, or a true copy, that you provide copies of those records to the Section of Community Health and EMS and/or representatives of the office of the Attorney General of the State of Alaska.

I authorize the Section of Community Health and EMS to discuss my records with persons or organizations which are considered appropriate by the Section in connection with an official investigation, and to provide copies of my records to those persons or organizations, if appropriate.

I understand that records disclosed to the department may become part of a public record and may not be protected from further disclosure by law.

This authorization is given expressly in connection with my application for certification as an Emergency Medical Technician, Defibrillator Technician or EMS Instructor in Alaska., This authorization expires one year from the date of my signature or at the expiration of my certification, whichever is last.

I certify under penalty of perjury that the foregoing is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

1. **(IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)**

THIS IS TO CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me appeared \_\_\_\_\_ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

\_\_\_\_\_ My Commission Expires \_\_\_\_\_

(2) **(IF THERE IS NO NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT AND CERTIFYING OFFICER MUST SIGN HERE.)**

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

\_\_\_\_\_  
Signature of State Approved  
EMS Certifying Officer

\_\_\_\_\_  
Location

# APPLICATION CHECKLIST

## All Applicants

- ☐ Completed application for certification
- ☐ Copy of CPR credential or signed verification
- ☐ Copy of ETT credential or signed verification (if using the ETT-to-EMT Bridge option); and
- ☐ \$25.00 testing fee.

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## Use of Social Security Numbers in Certification of EMS Personnel Under AS 18.08

**Introduction and Overview:** The Privacy Act of 1974, as amended, 5 U.S.C. § 552a (1994) prohibits a federal, state or local government from denying an individual any right, benefit or privilege provided by law because of the individual's refusal to disclose his Social Security numbers (SSN). This section does not apply to any disclosure which is required by federal statute. The law further requires agencies collecting Social Security numbers to provide information about how the information will be used. This document provides information about the collection and use of Social Security numbers by the Section of Community Health and EMS (CHEMS) of the Alaska Department of Health and Social Services for the purposes of certifying individuals under Alaska Statute 18.08.010 — 18.08.090.

**Under What Authority Does CHEMS Collect SSNs?** Federal and state laws regarding child support enforcement and federal debt collection require state agencies to deny licenses to those who are significantly delinquent in paying their child support or student loan obligations. (See Personal Responsibility and Work Opportunity Reconciliation Act of 1996 - 42 USC 666(a)(13); Debt Collection Improvement Act of 1996 - 31 USC 7701(c) for more information).

**Child Support.** AS 25.27.244 (a) (Adverse Action Against Delinquent Obligor's Occupational License), requires the Child Support Enforcement Agency to provide a list of delinquent obligors to CHEMS each month and CHEMS must take action to withhold the occupational license of each identified delinquent obligor. The definition of "license" includes authorization under AS [18.08](#) to perform emergency medical services. AS 25.27.244(s)(2)(A)(iv).

Under AS 18.08.082, the department certifies emergency medical technicians, defibrillator technicians, emergency medical technician instructors, emergency trauma technician instructors, mobile intensive care paramedic course coordinators and emergency medical dispatchers. AS 18.05.030 compels the department to cooperate with the federal government and provide information it requires.

**Student Loans.** AS 14.43.148(a) (Nonrenewal of License) prohibits CHEMS from the renewing the license of a person who is in default on a loan made by the Commission on Postsecondary Education once it has received notice from the Commission that the individual is in default. AS 14.43.148 (h)(1)(A) (iv) defines "license" to include authorization under AS 18.08 to perform emergency medical services.

**How the SSN is Used?** To comply with federal and state laws, we use our certification data to confirm if licensees are in default of their child support and postsecondary education loans, based on the lists of defaulted obligors which are provided to CHEMS. CHEMS may provide limited certification data to the other agencies to clarify an ambiguous entry on the lists. In addition, the SSN is used within the EMS Test Correction system to match test scores electronically with certification records. SSNs are not used for other purposes and are not displayed on certification materials. Adverse actions against health care providers, e.g. revocation of certification, are required to be reported to the federal government. The provider's SSN will be reported as part of this required report.

**Is Providing Your SSN Mandatory?** Yes, for the reasons cited above, we are required to collect SSNs. Applications on which the SSN is not provided will be considered incomplete. The application will not be processed and no certificate will be issued until the SSN is provided. It should be noted that Social Security numbers can be assigned, by the Social Security Administration, to foreign workers who are authorized to work in the United States.

**Summary:** In order to become certified to provide emergency medical services under AS 18.08, a person must disclose their Social Security number. The Section of Community Health and EMS uses the number for purposes required by statute and internally to match test scores with certification records. SSNs are not disclosed except as required by law and efforts are made to maintain the security and privacy of personal information.